

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/24/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYD982744815

INSTALLATION NAME

WASTE MANAGEMENT OF NEW YORK LLC

INSTALLATION ADDRESS

123 VARICK AVE BROOKLYN, NY 11237

MAILING ADDRESS →

123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: WASTE MANAGEMENT OF NEW YORK LLC

or Current Occupant

ATTN: JAY KAPLAN

123 VARICK AVE

BROOKLYN, NY, 11237

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

II. Name of Installation (Include company and specific site name)

A. Initial Notification

Street .

123

Notification of Regulated

B. Subsequent Natification

(Complete item C)

MANAGEME

III. Location of Installation (Physical address not P.O. Box or Route Number)

Waste Activity

s Environmental Protection Agency

OF

C. Installation's EPA ID Number

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Date Received

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Extension

Date Changed

Day

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NEW YORK 4:12 237 D. Change of Owner Indicator EPA Form 8700 (Rev. 12/99) - 1 of 2 -PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., New York, NY 10007-1866 Phone: (212)637-4106

EPA Form 8700-12 (Rev. 10/09/96)

CACCOMPANY TOWN PROPERTY.

STF ENV430F.2

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Jack Hoyt

May 16, 2002

USEPA-DEPP-RPB 290 Broadway, 22nd Floor New York, NY 10007-1866 ENVIRONMENTAL PROTECTION AGENCY, REGION II

2002 MAY 21 AM 11: 07

RCRA PROGRAMS BRANCH **WASTE MANAGEMENT**

123 Varick Ave. Brooklyn, NY 11237 (718) 533-5310 (718) 533-5170 Fax

Re: Request to deactivate USEPA Transporter ID Number NYD982744815

Dear Mr. Hoyt:

As per our telephone conversation earlier today the purpose of this letter is to formally request that the above referenced transporter ID number be deactivated. The former name of this facility is Star Recycling located at 123 Varick Avenue, Brooklyn, New York 11237.

The facility is currently owned and operated by Waste Management of New York, LLC. However activities requiring a transporter ID no longer take place at this facility.

Thank you in advance for your assistance with this matter. Please contact me at (718) 533-5310 if you require any additional information.

Very truly yours,

Waste Management of New York, LLC

Jay Kaplan

Environmental Compliance Manager

cc: R. Grady



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/17/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYD982744815

INSTALLATION NAME

WASTE MANAGEMENT OF NEW YORK LLC

INSTALLATION ADDRESS

123 VARICK AVE BROOKLYN, NY 11237

MAILING ADDRESS

123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: WASTE MANAGEMENT OF NEW YORK LLC

or Current Occupant

ATTN: JAY KAPLAN

123 VARICK AVE

BROOKLYN, NY, 11237



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/30/98

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of

EPA I.D. NUMBER -> : NYD982744815

FACILITY NAME -> STAR RECYCLING - WASTE MGMT

MAILING ADDRESS -> 123 VARICK AVE BROOKLYN, NY 11237

INSTALLATION ADDRESS ->

123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH **RCRA NOTIFICATIONS**

TO: VALENTI, ANTHONY EQUIP MGR STAR RECYCLING - WASTE MGMT 123 VARICK AVE BROOKLYN, NY 11237



Jack Hoyt
USEPA Region II
Air & Waste Management
290 Broadway-22nd Floor
New York, New York 10007-1866

Dear Mr. Hoyt:

Enclosed please find applications for EPA ID Numbers. Would you please rush these applications as these accounts need to have waste picked up immediately. Please call me at (718)429-0657, when you do receive the EPA ID numbers. That would be greatly appreciated. Thank you.

Sincerely.

Kim Sartory Lead Secretary

Safety-Kleen Corp. 58-05 52nd Ave Woodside, NY 11377

Kim Sart one

enclosure

Form Approved, OMB No. 2050-0028 Expires 10/31/99 GSA No. 0246-EPA-OT

Notification of Regulated

Date Received (For Official Use Only)(

required by law (Section 3019 of the Recovery Conservation and Recovery Act).
L Installation's EPA ID Number (Mark 'X' in the appropriate box)
A. Initial Notification (Complete Item C) B. Subsequent Notification C. Installation's EPA ID Number N Y D 9 8 2 7 4 4 8 15
IL Name of Installation (Include company and specific site name)
STUMA REGULEING - WASTE MUG. !!!
IL Location of Installation (Physical address not P.O. Box or Route Number)
Street A Laboratory of the Control o
Street (Continued)
Street (Continued)
City or Town State Zip Code
City or Town State Zip Code
14/200 x CG/M
County Code County Name
IV. Installation Mailing Address (See instructions)
Street or P.O. Box
123 VARICE AVA
City or Town State Zip Code
Be 00 K/ YN NY / 1237-
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (Last) (First)
VALENTI ANTONY
Job Title Phone Number (Area Code and Number)
EQUIP MEET 17/8-513/3-15/2/79
VI. Installation Contact Address (See instructions) A. Contact Address
Location Mailing B. Street or P.O. Box
City of Town
City or Town State Zip Code
VIII. Ownership (See instructions)
A. Name of installation's Legal Owner
Street, P.O. Box, or Route Number
Street, P.O. Box, or Route Number
/ 4 3 /
23 VALICKAVE State Zip Code
BROOK / YU B. Land Type C. Owner Type D. Change of Owner (Qate Changed)
BEODE/YN 11/1/23/7-11
Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Month Day Year

VIII. Type of Regulated	Waste Activity (Mark	'X' in the appropriate boxes. Refer to Ins	tructions)
· · · · · · · · · · · · · · · · · · ·	A. Hazardous Was		B. Used Oil Recycling Activities
1. Generator (See inst a. Greater than 1000 b. 100 to 1000 kg/mc c. Less than 100 kg 2. Transporter (Indicat 5 below) a. For own waste or b. For commercial p Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	0kg/mo (2,200 lbs.) 0 (220-2,200 lbs.) 1/mo (220 lbs) te Mode in boxes 1- nly ourposes	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boilerand/orIndustrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Control	1. Used Oil Recycling Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) a. Process b. Re-refine
X. Description of Regu	lated Wastes (Use ad	iditional sheets if necessary)	
.lgnitable 2. Corrosive (0001) (0002)	3. Reactive 4.1 (D003) Char	In handles; See 40 CFR Parts 261.20 - 26 Toxicity contaminant(s)) Contaminant(s) Contaminant(s) Contaminant(s) Contaminant(s) Contaminant(s)	aste number(s) for the Toxicity characteristic
C. Other Wastes. (State	e or other wastes require	9 10 Ing a handler to have an I.D. number; Se	e instructions.)
1.	2	3 4	5 6
		Carlo	ed a company on the a b to a selfa pela pela pela pela pela pela pela pel
a system designed to as person or persons who n	sure that qualified personanage the system, or the	onner property gatter and evaluate the mis	my direction or supervision in accordance with rmation submitted. Based on my inquiry of the ring the information, the information submitted are are significant penalties for submitting false
Signature	try	Name and Official Title (Type or pr	Date Signed 3-9-98
Xì. Comments		nime in	
			•
*//		PA Regional or State Office. (See Section	Ill of the booklet for addresses.)
Nota: Mail completed for	m to the appropriate El	TA negional of State Office. (Oce Cector	

ID - For Official Use Only



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/09/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of

EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> W M OF NY INC DBA WASTE MGMT OF NY

MAILING ADDRESS -> 123 VARICK AVE

BROOKLYN, NY 11237

INSTALLATION ADDRESS -> 123 VARICK AVE

BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

CUCINOTTA, ANTHONY TO: DIRECTOR COMPL W M OF NY INC DBA WASTE MGMT OF NY 123 VARICK AVE BROOKLYN, NY 11237

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation

EPA

Notification of Regulated **Waste Activity**

Date Received (For Official Use Only)

and Recovery Act.	United States Envi	ronmental Protection Agency	Due of the soul of
L Installation's EPA ID Nur	mber (Mark X' in the appropriate box)		
A. First Notification	B. Subsequent Notification (Complete item C)	C. Installation's EPA	ID Number
IL Name of Installation (Inc	clude company and specific site name)		
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III. Location of Installation	Requires Building Number	or Latitude and Longitude	for processing.
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City of Town		State Zip Code	
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County Nam			A male discount (A
IV. Installation Mailing Ad	<i>G S</i>		
Street or P.O. Box - 5	AME		
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City or Town	Last project to the state of the	State Zip Code	
BROOKLY	t /	1 1 2 1 1 1 2 3	3 2 1 1 1
V. Installation Contact (Pe	erson to be contacted regarding waste a	ctivities at site)	
Name (Last)		rFirst)	
CUCINO-	TAIIII	ANTHONY	11224
DIC OF E	To 10 10 100 PULLE	Phone Number (Area Code and Num	12 101 12 13 13
VI. Installation Contact Ac	ddress		17 86 7 76 6
	Street or P.O. Box		1000 100 100 100 100 100 100 100 100 10
		1-1-1-1	
City or Town	to the other management and the	State Zip Code	Total Control of Control
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VIL Ownership PROPER	RTY NEW YORK		
A. Name of Installation's Le		KIND ON THE	
WMOFNE	VY ORKING		
Street, P.O. Box, of Route N	lumber		Mremmoo BX
123 VA	21 CR AVEW	UE	
City or Town		State Zip Code	
BROOKLY	<i>N</i>	C. Owner Type D. Change of Owner	17
Phone Number (Area Code	and Number) B. Land Type	Indicator	(Date Changed) Month Day Year
718386	7900 P	P Yes / No	
The state of the s	and the second s		

From: Jack Hoyt, AWMD, RPA, Region 2, 290 Broadway, 22 Fl. New York, NY 10007-1866. Tel; (212) 637 4106

PROPERTY LEASED THEN THE NYC INDUSTRIAL DEVELOPMENT AGENCY BUT BENEKICIALLY OWNED BY COMPANY HSTED IN VI

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only GSA No. 0246-EPA-OT ID - For Official Use Only VIII. Type of Regulated Waste Activity (Mark X' in the appropriate boxes; Refer to instructions) B. Used Oil Recycling Activities A. Hazardous Waste Activity Used Oil Fuel Marketer Treater, Storer, Disposer (at Generator (See instructions)
a. Greater than 1000kg/mo (2,200 lbs.) a. Marketer Directs Shipment of Used installation) Note: A permit is Oil to Off-Specification Burner required for this activity; see b. 100 to 1000 kg/mo (200-2,200 lbs.) b. Marketer Who First Claims the Used c. Less than 100 kg/mo (220 lbs) instructions. Oil Meets the Specifications Hazardous Waste Fuel Transporter (Indicate Mode.in boxes 1-5 Used Oil Burner - Indicate Type(s) of a. Generator Marketing to Burner Combustion Device(s) below) b. Other Marketers a. For own waste only a. Utility Boiler c. Boiler and/or Industrial Furnace b. Industrial Boiler b. For commercial purposes 1. Smelter Deferral c. Industrial Furnace 2. Small Quantity Exemption Used Oil Fransporter - Indicate Type(s) Mode of Transportation Indicate Type of Combustion of Activity(ies) 1. Air Transporter Device(s) 2. Rail 1. Utility Boiler Transfer Facility 3. Highway Used Oil Processor/Re-refiner - Indicate 2. Industrial Boiler 4. Water 3. Industrial Furnace Type(s) of Activity(ies) 5. Other - specify Underground Injection Control a. Process b. Re-refine IX. Description of Hazardous Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 4. Toxicity 3. Reactive 1. Ignitable 2. Corrosive Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) (D001) (D002) (D003) B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.) 5 6 3 2 1 12 11 10 8 9 7 C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See instructions.) 6 X. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, securate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print) Signature XL Comments Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.



ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

08/22/89

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EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> ALLIED SANITATION CORP

MAILING ADDRESS -> 123 VARICK AVE

BROOKLYN, NY 11237

INSTALLATION ADDRESS ->

123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ROBERT LOMANGINO
ALLIED SANITATION CORP
123 VARICK AVE
BROOKLYN, NY 11237

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1			

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only	The substant			Sala el estada foi			Y ama	
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Installation's	EPA ID Number	T/A C	Approved	900	0 10	d WI	M MA	
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II. Installation Mailing Add	ress	Ctroot o	r P.O. Box				- 72 -22-	
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	City or	r Town				x/ \/ 1	1122	
4BROOKL	Y N L					VY	12	2
III. Location of Installation	DISTRIBUTE OF THE	Ctroot or P	oute Number		STATE OF STREET		CAN TON DOING	
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5/2/3 VA	KINCILL	HUE				State	ZIP Codo	
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6 BROOKL	YN					NYI	1123	
IV. Installation Contact		and inhaidel	No. of the last of		Phone Nu	mber (area co	ode and numb	berl
CD - B - C	e and Title (last, first,	and job title)	Wat	drema -	718	779	4/5	
2 KOBERT	LOME	1/1/0-1/	/X O	1 1			7 6 5	
V. Ownership	A. Name of Installation	on's Legal Owne	er	AL CO	В.	Type of Own	ership (enter	code)
015010	MANGI	INO			4	NC		4
VI. Type of Regulated Was		k 'Y' in the ar	opropriate h	oxes. Refer	to instruc	tions.)	在 设计设置数	N. Fall
	us Waste Activity	N Λ III tile αρ		B.	Used Oil Fue	el Activities		
☐ 1a. Generator	1b. Less than 1,	,00 <mark>0</mark> kg/mo.	☐ 6. Off-	Specification User 'X' and mari	Jsed Oil Fuel	haxes helaw		
2. Transporter	TO LEAD TO THE TAIL			a. Generator			Birico IX	
3. Treater/Storer/Disposer 4. Underground Injection				b. Other Mar				
☐ 5 Market or Burn Hazardous	Waste Fuel			c. Burner			me man	
(enter 'X' and mark approp		and the right	☐ 7. Spe	ecification Used o First Claims	d Oil Fuel Ma	rketer (or On	site Burner)	
b. Other Marketer	A Bearing		VVI	o First Claims	the On Meet	s the opecino	3-1	
UI. Waste Fuel Burning: T	vpe of Combusti	ion Device (er	nter 'X' in all a	opropriate boxe	s to indicate	type of combu	istion device(s) in
which hazardous waste fuel or off	f-specification used of	ii tuei is burrieu.	See msnuch	ons for definition		istion devices trial Furnace	.)	
☐ A. Utility B VIII. Mode of Transportati	oiler	B. Industr	THE PARTY OF THE P	appropriate l				
			Other (specify)					
	. Highway D. V	Water L E. C	And Ispechy)	A PROPERTY OF STREET				
IX. First or Subsequent No Mark 'X' in the appropriate box t		his is your insta	Illation's first	notification of	hazardous v	vaste activity	or a subsequ	uent
Mark 'X' in the appropriate box to notification. If this is not your first	t notification, enter y	our, installation's	EPA ID Numl	per in the space				
		ntion (complete i	tem Cl		C. Installa	tion's EPA ID	Number	
AFirst Notification L B	. Subsequent Notifica	ation (complete l	iem c)					

		Ĭ	ID	For Official Use O	nly
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X. Description of Ha	zardous Wastes (co	ntinued from from	17,5(0) 10-24 pages	A street by the same	
A. Hazardous Wastes from	n Nonspecific Sources. s your installation handl	Enter the four-digit nu	mber from AO CER Past		
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B. Hazardous Wastes from specific sources your in	Specific Sources. Ente stallation handles. Use a	r the four-digit number	from 40 CFR Part 261.3	32 for each listed haza	rdous waste from
	14.			T	1,11
		15	16	7	IB
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11001			(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		30
Commercial Chemical F your installation handles	roduct Hazardous Wast which may be a hazardo	es. Enter the four-digit	number from 40 CFR Pa	art 261.33 for each ch	emical substance
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			34	35	. 36
37	38	39	40	41	42
43	44	45	46	47	48
Listed Infectious Wastes pitals, or medical and res	. Enter the four-digit num	nber from 40 CFR Part	261.34 for each hazardo	ous waste from hospita	als, veterinary hos-
pitals, or medical and reso	The restriction four in	istaliation handles. Use	additional sheets if ned	cessary.	- CONSTITUTE OF
49	50	51	52	53	54
Characteristics of Nonlistyour installation handles.	ted Hazardous Wastes. I See 40 CFR Parts 261.2	Mark 'X' in the boxes of 1 — 261,24)	orresponding to the char	acteristics of nonlisted	hazardous wastes
1. Ignitable	_	Corrosive	☐ 3. Reactive		
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I certify under penal this and all attached obtaining the inform there are significant	ation. I helieve that t	at baseu on my inq he submitted infor	quiry of those indivi-	duals immediately	responsible for
gnature	K	Name and Officia	Title (type or print)		Signed /
PA Form 8700-12 (Rev. 1:	105/6	Toon	many.	5	14754

ror ruing normation before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Resource Act)



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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A. Hazardou	s Waste Activity	B. Used Oil Recycling Activ	rities
Generator (See Instructions) a. Greater than 1000kg/mo (2,200 libs) b. 100 to 1000 kg/mo (200-2,200 libs) c. Less than 100 kg/mo (220 libs) 7. Transporter (indicate Mode in boxes below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	S. Treater Storer Disposer at Installation) Note: A permit is required for this activity; see instructions.	1. Used Oil Fuel Marioster 2. a. Marketer Directs Shipment of Oil to Off-Specification Burn b. Marketer Who First Claims to Dil Meets the Specifications 2. Used Oil Burner andicate Ty Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner-Type(s) of Activity(ies) a. Process b. Re-refine	of Used her he Use pe(s)
Description of Hazardous Wastes	(Use additional sheets if necessary)		
Ignitable 2 Corroshe 2 Reactive (Door) (Door) (Door)	A Torscity Characteristic (List specific EPA hazardous waste in	anchor(s) for the Toxicity characteristic conter	
. Other Wastes. (State or other wastes	requiring a handler to have an LD, number; See	Instructions.)	٠
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C. Certification			
system designed to assure that qualified pe or persons who manage the system, or tho	ument and all attachments were prepared under my ersonnel properly gather and evaluate the information is e persons directly responsible for gathering the later irate, and complete. I am awars that there are significant on the property of	on submitted. Based on my inquiry of the information, the information submitted	is, to th
Signature Fronk Twikell	Name and Official Title (Type or pr FRANK TWIBELL	int) Date Signed	
II. Comments			
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/09/95

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> ALLIED SANITATION INC

MAILING ADDRESS -> 123 VARICK AVE BROOKLYN, NY 11237

INSTALLATION ADDRESS -> 123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: TWIBELL, FRANK DISPATCHER ALLIED SANITATION INC 123 VARICK AVE BROOKLYN, NY 11237